Collection of this data is a requirement of Public Law 101-645

3. Other comments or requests for assistance.

INSTRUCTIONS: Complete and submit to:

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION SUCCESSFUL SCHOOLS TEAM EDUCATION FOR HOMELESS CHILDREN AND YOUTH

P.O. BOX 7841

MADISON, WI 53707-7841

Check appropriate box:							
☐ Midterm Report—Due March 1 ☐ Final Report—Due September 30 Attach a description of EHCY Program Goal Achievement.							
I. GENERAL INFORMATION							
Dis	strict/Agency Name				Telephone Area/No.		
Street/P.O. Box							
City	у					ZIP Code	
Co	ntact Person		I			Telephone Area/No.	
Titl	е						
II. NUMBER SERVED							
Identify number of homeless children and youth served.							
	Number of Homeless Children and Youth						
	School Level	Currently Enrolled and Served but Not Enrolled in				rolled and Student efused Services	
	Preschool			<u>į</u>			
	Elementary School (K-5)		1 1 1				
	Middle School (6-8)						
	High School (9-12)						
	TOTAL						
* Examples: School of Origin transportation arrangements, summer school placement, referral to other educational program(s)							
	III. NARRATIVE						
1. [1. Describe the success of your program (as related to funded goals). Attach supporting documents, if any to substantiate your narrative.						
 Describe the limitations, weaknesses, issues, or problems that need to be addressed in your EHCY Program and the steps that will be taken to address them. 							